

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="text-align: center; font-weight: bold;">10/593719</div>		FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6	1						56						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	1	↓	0	↓	TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	4	←	4	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	6		5		0		TOTAL CLAIMS	0		0		0	

PTO - 1360 (REV. 04/2007)

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